## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed ot	ng the F herwise	atent, advance of in Block I, by (	rders and notification of a) specifying a new corre	maintenance fees v espondence address	vill be and/o	mailed to the current r (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission			
	7590 01/02	/2008		114				
Ryan, Mason & Lewis, LLP Suite 205 1300 Post Road					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below			
Fairfield, CT 06824					(Depositor's name)			
								(Signature)
								(Date)
APPLICATION NO	FIRST NAMED INVE			FOR ATTORNEY DOCKET NO		RNEY DOCKET NO	CONFIRMATION NO	
10/815,165 03/31/2004				George W Erhart	503060-A-01-US		7153	
TITLE OF INVENTION			·	ATING A CLASSIFICAT			TOTAL FEE(S) DUE	DATE DUE
APPLN TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUI	s ree	<u> </u>	
nonprovisional	risional NO		\$1440	\$300	\$0		\$1740	04/02/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS				
MCFADDEN, SUSAN IRIS 2626				704-200000	·			
Change of correspondence address or indication of "Fee Address" (37 CFR 1 363)  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required				2 For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed				
ASSIGNEE NAME AI	ND RESIDENCE DATA	TO BE	PRINTED ON T	HE PATENT (print or ty	pe)			
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi n in 37 CFR 3-11 Comp	fied belo	ow, no assignee this form is NO	data will appear on the p f a substitute for filing an	atent. If an assigne assignment	e is id	lentified below, the do	cument has been filed for
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Avaiva Technology Com 211 Mount Airy Road								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
lease check the appropri	ate assignee category of	categori		·				
a The following fee(s) are submitted:    Issue Fee   I				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed  Payment by credit card Form PTO-2038 is attached  In Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0762 (enclose an extra copy of this form).				
Change in Entity State	us (from status indicated	above)						
a. Applicant claims	SMALL ENTITY statu	s. See 37		b. Applicant is no lon				
OTE: The Issue Fee and nterest as shown by the re	Publication Fee (if reque cords of the United Stat	ired) wi es Paten	ll not be accepted t and Trademark	from anyone other than t Office.	he applicant; a regis	tered a	ettorney or agent; or the	e assignee or other party in
Authorized Signature Klu M. Mare				Date <u>March 4, 2008</u>				
Typed or printed name Kevin M. Mason				Registration No36,597				
			. The information 22 and 37 CFR 1 . Time will vary	n is required to obtain or a .14. This collection is est depending upon the indiv	etain a benefit by the imated to take 12 n idual case. Any co	e publi inutes nments	ic which is to file (and to complete, including to the amount of time	by the USPTO to process) g gathering, preparing, and the you require to complete

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of the Your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.